

Maria E. Elkins Clerk of Court Office of the Clerk

UNITED STATES DISTRICT COURT for the

MIDDLE DISTRICT OF PENNSYLVANIA
William J. Nealon Federal Bldg. & U.S. Courthouse
235 North Washington Avenue
P.O. Box 1148
Scranton, PA 18501-1148

(570) 207-5600 Fax (570) 207-5650 www.pamd.uscourts.gov

Divisional Offices:

Harrisburg: (717) 221-3920 Williamsport: (570) 323-6380

IN FORMA PAUPERIS NOTICE:

IF YOU ARE GRANTED IN FORMA PAUPERIS STATUS, THE U.S. MARSHAL WILL BE DIRECTED TO SERVE THE SUMMONS AND YOUR COMPLAINT. YOU ARE REQUIRED TO COMPLETE THE USM-285 FORM PRIOR TO SERVICE FOR EACH DEFENDANT NAMED IN YOUR COMPLAINT. WITHOUT THE COMPLETED FORM SERVICE CANNOT BE MADE BY THE U.S. MARSHAL.

A COMPLETED USM-285 FORM MUST BE SUBMITTED FOR EACH DEFENDANT WHO WILL BE SERVED BY THE U.S. MARSHAL.

IT IS VERY IMPORTANT TO ACCURATELY COMPLETE THE MARSHAL'S FORM. INSTRUCTIONS CAN BE FOUND ON THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF PENNSYLVANIA'S WEBSITE -

(http://www.pamd.uscourts.gov/sites/default/files/forms/usm-285instform.pdf).

IF YOU <u>DO NOT</u> COMPLETE THE FORM, THE MARSHAL WILL NOT SERVE YOUR PAPERS. IF THE MARSHAL CANNOT READ THE FORM, THE MARSHAL WILL NOT BE ABLE TO SERVE YOUR PAPERS.

DO NOT RETURN THE FORM TO THE U.S. MARSHAL'S OFFICE. All USM-285 FORMS ARE TO BE **RETURNED TO THE CLERK'S OFFICE**.

> Any questions, please contact the Clerk's office: Scranton: 1-866-263-8479 Harrishurg: 1-866-333-3261 Williamsport: 1-866-736-3914

UNITED STATES DISTRICT COURT

for the	
101 ti	
)	
Plaintiff	Civil Action No.
v.)	Civil Action No.
Defendant)	
NOTICE OF A LAWSUIT AND REQUEST	TO WAIVE SERVICE OF A SUMMONS
To:	
(Name of the defendant or - if the defendant is a corporation, partnersh	ip, or association - an officer or agent authorized to receive service)
Why are you getting this?	
A lawsuit has been filed against you, or the entity you A copy of the complaint is attached.	represent, in this court under the number shown above.
service of a summons by signing and returning the enclosed wa	the defendant is outside any judicial district of the United States) nt. Two copies of the waiver form are enclosed, along with
What happens next?	
If you return the signed waiver, I will file it with the co on the date the waiver is filed, but no summons will be served is sent (see the date below) to answer the complaint (or 90 day the United States).	
If you do not return the signed waiver within the time i served on you. And I will ask the court to require you, or the	ndicated, I will arrange to have the summons and complaint entity you represent, to pay the expenses of making service.
Please read the enclosed statement about the duty to a	void unnecessary expenses.
I certify that this request is being sent to you on the da	ite below.
Deter	
Date:	Signature of the attorney or unrepresented party
	Printed name
	Address
	E-mail address
	Tolophovo wymbor

UNITED STATES DISTRICT COURT

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for the

Plaintiff V.)) Civil Action No.)
Defendant)
WAIVER OF THE S	SERVICE OF SUMMONS
To:	iff)
I have received your request to waive service of a two copies of this waiver form, and a prepaid means of re	a summons in this action along with a copy of the complaint, eturning one signed copy of the form to you.
I, or the entity I represent, agree to save the exper	nse of serving a summons and complaint in this case.
	vill keep all defenses or objections to the lawsuit, the court's any objections to the absence of a summons or of service.
	must file and serve an answer or a motion under Rule 12 within when this request was sent (or 90 days if it was sent outside the be entered against me or the entity I represent.
Date:	
	Signature of the attorney or unrepresented party
Printed name of party waiving service of summons	Printed name
	Address
	E-mail address
	Telephone number

Duty to Avoid Unnecessary Expenses of Serving a Summons

Rule 4 of the Federal Rules of Civil Procedure requires certain defendants to cooperate in saving unnecessary expenses of serving a summons and complaint. A defendant who is located in the United States and who fails to return a signed waiver of service requested by a plaintiff located in the United States will be required to pay the expenses of service, unless the defendant shows good cause for the failure.

"Good cause" does *not* include a belief that the lawsuit is groundless, or that it has been brought in an improper venue, or that the court has no jurisdiction over this matter or over the defendant or the defendant's property.

If the waiver is signed and returned, you can still make these and all other defenses and objections, but you cannot object to the absence of a summons or of service.

If you waive service, then you must, within the time specified on the waiver form, serve an answer or a motion under Rule 12 on the plaintiff and file a copy with the court. By signing and returning the waiver form, you are allowed more time to respond than if a summons had been served.

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

AINTIFF			(COURT CASE NUMBER				
DEFENDANT	⁷ ENDANT			7	TYPE OF PROCESS			
SERVE AT ADDRESS (Street					SCRIPTIC	ON OF PROPERTY TO	O SEIZE (OR CONDEMN
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW				SS BELOW	Number of process to be served with this Form 285			
					Number of parties to be served in this case			
					Chec on U.	k for service S.A.		
ignature of Attorney other Originat	or requesting se	rvice on behalf		PLAINTIFF DEFENDANT	TELEPHO	NE NUMBER	DATE	
					OT WRITE BELOW THIS Larized USMS Deputy or Clerk Deputy or Clerk			
acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more	Total Process	District of Origin	District to Serve				THIS	Date
acknowledge receipt for the total umber of process indicated. Sign only for USM 285 if more than one USM 285 is submitted) hereby certify and return that I	Total Process	District of Origin No	District to Serve Noave legal evidence	Signature of Author	executed	S Deputy or Clerk	", the pro-	Date cess described
acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more han one USM 285 is submitted) Thereby certify and return that I	have personally attion, etc., at the	District of Origin No served , □ ha address shown	District to Serve Noave legal evidence in above on the on	Signature of Author	executed	as shown in "Remarks ration, etc. shown at the	", the pro-	Date cess described
acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) I hereby certify and return that I on the individual, company, corpora	have personally stion, etc., at the	District of Origin No served , haddress shown ocate the indivi	District to Serve Noave legal evidence in above on the on	Signature of Author	executed	as shown in "Remarks ration, etc. shown at the	", the pro- e address	Date cess described inserted below.
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- DISTRIBUTE TO: 1. CLERK OF THE COURT 2. USMS RECORD

 - 3. NOTICE OF SERVICE
 - BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 ACKNOWLEDGMENT OF RECEIPT